Patient			DOB		Insurance Info
				Carrier:	
Home Phone		Cell Phone	1	Bin#	PCN#
Address				Group #	
City	7 %	State	Zip	Workers Comp	Yes No
Allergies	1 1	Diag.	- A	DOI	Claim #
General Pain / Infl	ammatio	on	Spec	ialty	
GPI-2 • Tramadol 5% • Flurbiprofen 20% • Cyclobenzaprine 2% • Baclofen 2% Dispensing Quantity: 300mLs OR Other Quantity, SiG: Apoly 1-2 pumps to affected area 3-4 times		Ls Refils:	Fil. Len	tricasone Propionate 1% vocetirizine Dihydrochloride 2% ntoxifylline 0.5% or painful scars add: locaine 3% abapentin 15%	DERM-5: CONTACT DERMATITIS Fluticasone Methylcobalamin 0.00 Coenzyme Q10 Contact Dermatitits with pain add: Lidocaine
Back & Radicular	Name and Address of the Owner, where			ERM-2: TOPICAL NTI FUNGAL CREAM	Hydroxyzine
BRP-3 10% 10	BRP-4 • Gabape • Clonidi • Diclofe • Lidocai • Pentoxi	entin 6% ne 0.1% nac 2% ne 2%	Flu Flu Pe Lid Hy	uticasone 1% uconazole 2% ntoxifylline 0.5% docaine 2% droxyzine 2%	DERM-6: PSORIASI Fluticasone Methylcobalamin 0.04: Coenzyme Q10 2. Vitamin D3 0.0: Tretinoin 0.01:
Dispensing Quantity: 300mLs OR Other Quantity SIG: Apply 1-2 pumps to affected area 3-4 times Neuropathic & Ch	daily; 1 pump = 1.5 m	in	Flut	INGAL NAIL LOTION icasone 1% conazole 2% a 15%	DERM-7:PLANTAR FASCIITIS Dictofenac Bactofen Fluticasone Lidocaine Verapamil Hydrochloride
Ketamine 10% Baclofen 2% Gabapentin 6% Imipramine 3% Nifedipine 2% Lidocaine 2.5%	Ketami Baclofe	ne 10% en 2% enzaprine 2% rofen 10%	(SIG: Apply 1-	uantity: 300mLs OR Other Quantity: 2 pumps to affected area 2 times daily; polic Suppleme	
Dispensing Quantity: 300mLs OR Other Quantity SIG: Apply 1-2 pumps to affected area 3-4 times NCP-7 • Flurbiprofen 20% • Bactofen 2% • Cyclobenzaprine 2% • Gabapentin 6% • Lidocaine 2.5%	NCP-! • Ketami • Baclofe	9 ne 10% n 2% enzaprine 2% entin 6% ne 2%	Di W Co Alp	S-1: GENERAL FELLNESS/ ERMATOLOGIC FELLNESS FO10 75mg Acetyl Cystine 250mg D3 1000 IU	MS-2: TOTAL WELLNESS METABOLIC SUPPLEMENT Methylcobalamine 40r Pyridoxal-5-Phosphate 100r 5-MTHF 8r
Dispensing Quantity: 300mLs OR Other Quantity SIG: Apply 1-2 pumps to affected area 3-4 times	:) daily; 1 pump = 1.5 m	Ls Refils:)	(SIG: Take 1 cr	apsule by mouth twice daily; Dispense #:	60 OR Alternative SIG:
Iternative SIG:	/			_	- r + n
) ,	_ /
ic. #:					
ic. #:				1	
Address:					77.15

GOVERNMENT EXHIBIT 1135 4:18-CR-368

Patient		DOB		In a company of the first
T diloni			Carrier:	Insurance Info
	0 11 51			I DOM!!
Home Phone	Cell Phone		Bin#	PCN#
Address			Group #	
City	State	Zip	Workers Comp	Yes No
Allergies	Diag.		DOI	Claim #
Back & Radicular Pain		Speci	alty	
• Gabapentin 6% • Cloni • Flurbiprofen 10% • Diclo • Bupivacaine HCL 5% • Lidoo	apentin 6% dine 0.1% fenac 2%	Flut Levc Pen For Prik	icasone Propionate 1% cetirizine Dihydrochloride 2% toxifylline 0.5% painful scars add: caine 3% capentin 15%	DERM-5: CONTACT DERMATITIS Fluticasone 1% Methylcobalamin 0.07% Coenzyme Q10 4% Contact Dermatitis with pain add: Lidocaine 2% Hydroxyzine 2%
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5			RM-2: TOPICAL	,,,,,
	2-88	Flut Fluc Pen Lido	icasone 1% conazole 2% toxifylline 0.5% coxine 2% croxyzine 2%	DERM-6: PSORIASIS Fluticasone 1% Methylcobalamin 0.07% Coenzyme Q10 4% Vitamin D3 0.05% Tretinoin 0.02%
Bupivacaine HCL 5% Magnesium Chloride 15% Dextromethorphan HBr 5% Flurbiprofen 10% (Dispensing Quantity: 300mLs OR Other Quantity:) (SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5		Flution	RM-3: ANTI NGAL NAIL LOTION casone 1% onazole 2% 15%	DERM-7:PLANTAR FASCIITIS Diclofenac 5% Baclofen 2% Fluticasone 1% Lidocaine 2%
• Flurbiprofen 20% • Baclofen 2% • Cyclobenzaprine 2% • Gabapentin 6% • Lidocaine 2.5% • Flurbiprofen 20% • Bacl • Cyclobenzaprine 6% • Bupi • Bupi • Bupi	ofen 2% obenzaprine 2% apentin 6% vacaine HCL 5%	(SIG: Apply 1-2	antity: 300mLs OR Other Quantity: pumps to affected area 3-4 times daily	Verapamil Hydrochloride 10%
(Dispensing Quantity: 300mLs OR Other Quantity:) (SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5	·	IVICIAD	olic Suppleme	ints
General Pain / Inflammati		MS- (SIG	: Take 1 capsule by mouth twice daily;	LNESS yridoxial-5-Phosphate 70mg, 5-MTHF 10mg Dispense: 60 OR Alternative SIG:) lpha Lipoic Acid 250mg, N-Acetylcystine
GPI-2 • Tramadol • Flurbiprofen 5% 20%	ER MULATION	250	mg, Vit D3 1,000IU	Dispense: 60 OR Alternative SIG:)
• Cyclobenzaprine 2% • Baclofen 2%		MS- (SIG		g, Piperine 20mg Dispense: 60 OR Alternative SIG:)
(Dispensing Quantity: 300mLs OR Other Quantity:)		250	mg, Vit D3 1,000IU	Coenzyme Q10 100mg, Alpha Lipoid Acid Dispense: 60 OR Alternative SIG:
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5	mLs Refills:)			
Additional Comments:				
Prescriber Name:			NPI #	
Lic. #:				
Address:				
Phone #:	Fa	x #:		
Signature (Note: Manual Signature Requ	uired for CS)			Date:

Patient		DOB		Insurance info
Home Phone	Cell Phone		Carrier: -	
Address	Cell i florie		Bin#	PCN#
	State	Zip	Group #	
City	State		Member ID #	
Allergies		,		LV.
Diag.			Workers Comp	Yes No
		,	DOI	Claim #
Back &	Neuropathic 8	Spe	ecialty	
Radicular Pain	Chronic Pain			
BRP-33 • Clonidine 0.20% • Gabapentin 6% • Flurbiprofen 10% • Bupivacaine HCL 5% • Magnesium Chloride 10% • Dextromethorphan HBr 10%	NCP-55 Baclofen Gabapentin Imipramine Nifedipine Bupivacaine HCL Magnesium Chloride Dextromethorphan HBr	2% 6% 3% 2%	SCAR - Fluticasone Propionate - Levocetirizine Dihydrochloride - Pentoxifylline - Prilocaine - Gabapentin - Gabapentin - Prilocaine - Gabapentin - Prilocaine - Prilocaine - Prilocaine - Sabapentin	Fluticasone 1% Hethylcobalamin 0.07% Coenzyme Q10 4% Contact Dermatitis with pain, add:
BRP-4 - Gabapentin 6% - Clonidine 0.1% - Diclofenac 2% - Lidocaine 2% - Pentoxifylline 2% (Dispensing Quantity: 300mLs OR	NCP-7 Flurbiprofen Baclofen Cyclobenzaprine Gabapentin	20% 2% 2%	DERM-2: TOPICAL ANTI-FUNGAL CREAM Fluticasone 19 Fluconazole 29 Pentoxifylline 0.59 Lidocaine 29 Hydroxyzine 29	66 • Methylcobalamin 0.07% 66 • Coenzyme Q10 4% 66 • Vitamin D3 0.05% 66 • Tretinoin 0.02%
Other Quantity:) (SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills:) Hair Restoration Scalp Care - 4 hair solution	3	2% 2% 6% 5% 5% 15% (Dispensi	DERM-3: ANTI-FUNGA NAIL LOTION - Fluticasone 19 - Fluconazole 29 - Urea 159 sing Quantity: 300mLs OR Other Quan	Baclofen 2% Fluticasone 1% Lidocaine 2% Verapamil Hydrochloride 10%
- Fluticasone 1.0% - Finasteride 2.2% - Minoxidil 10% - Tretinoin .01%	(Dispensing Quantity: 300mLs OR Other Quantity:) (SIG: Apply 1-2 pumps to affected are daily; 1 pump = 1.5 mLs Refills:	ea 3-4 times	tabolic Supple	ments
(Dispensing Quantity: 60ml OR 120ml OR Other Quantity:) (SIG: Apply up to 2mls to scalp 2 times a day Refills:)	General Pain/ Inflammation			
Other Formulation	GPI-2 • Tramadol • Flurbiprofen • Cyclobenzaprine • Baclofen (Dispensing Quantity: 300mLs OR	2% 2% 2%	MS-3: GENERAL WELL MS-31: Resveratrol Powder 100mg, Pig (SIG: Take 2 capsules by mouth one MS-32: Hydroxycobalamin 20mg, Coei	perine 20mg ce daily; Dispense 60 Refills:) nzyme Q10 100mg, Alpha Lipoid Acid 250mg, Vit D3 1,000IU
	Other Quantity:		(SIG: Take 2 capsules by mouth one	ce daily; Dispense 60 Refills:)
Prescriber Name:		NF	PI #	
Lic. #:				
Address:				
Phone #:				
Signature (Note: Manual Signature	Required for CS)			Date:

Patient			DOB			Insura	nce info	
Home Phone	Ce	II Phone			Carrier:			
Address							PCN#	
City		State	Zip		Group #			
Allergies		State	Zip		Member ID) #		
Allergies				J	W. I. G.		1	l Ni
Diag.					Workers Co	omp	Yes	No
					DOI		Claim #	
PAIN (ream Al	ND Patch							
NCP-5: Neuropathic & Chronic Pain P1 Baclofen 2%, Gabapentin 6%, Imipramine 3%, Nifedipine 2%, Lidocaine 2.5% Add: Dispensing Quantity: 300mLs OR Other Quant SIG: Apply 1-2 pumps to affected area 3-4 times	NCP-7: Neuropathic & Chronic Pain ^{P1} Flurbiprofen 20%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Lidocaine 2.5% Add:	Chroni Baclofen 2%, 2%, Gabapent Lidocaine 2%, Add:	pathic & ic Pain ^{P1} Cyclobenzaprine in 6%, Diclofenac 3%	Dispensing Quantity: count OR SIG: Apply 1 patch to af	TCHP2 psaicin 0.0375% 30 count OR 60 etcled area 1-2 times daily alternate cream with patch kician.	BRP-3: Back Radicular Pa Clonidine 0.2%, Gabapentin 6%, Flurbiprofen 10%, Lidocaine 2% Add: Dispensing Quantity: 300mLs 0 SIG: Apply 1-2 pumps to affected	ain ^{P1}	GPI-2: General Pain / Inflammation ^{P1} Flurbiprofen 20%, Cyclobenzaprine 2%, Baclofen 2% Add: Tlump = 1.5 mLs Refills:
Fluticasone Propionate 1%, Levocetirizine Dihydrochloride 2%, Pentoxifylline 0.5% For painful scars, add: Co Prilocaine 3%, Gabapentin 15%	DERM-5: CONTACT DERMATITIS / ECZEMA uticasone 1%, ethylcobalamin 0.07%, enzyme Q10 4% Contact Dermatitis with pain, add: docaine 2%, Hydroxyzine 2%	DERM-7: PLANTAR FASCIITIS PF1 Dictofenac 5%, lactofen 2%, luticasone 1%, idocaine 2%, erapamil dydrochloride 10%	STRET MARK: ELAST Fluticasone 19 Levocetirizine Pentoxifylline Hyaluronidase Vitamin D3.05' C 5%, Estradiol	S / (C) ICITY Ery 6, Nia 296, Clii 0.596, Bei 10.296, July 7, Vitamin Alt Dispen SIG: Ap Grams)	TX ACNE #3B Topical) thromycin 2%, cinamide 5%, ndamycin 1%, Urea 20%, nzoyl Peroxide 2.5%, ticasone 1%, Argentum)ppm, Melaleuca eerinfolia 3% erinfolia 3% oby 1-2 pumps (1 Pump - 1.5 3-4 times a day as instructed.	Topiram: Baclofen Cycloben Lidocain Flurbiprc Apomorj Dispensing Q OR Other Quan SIG: Apply 1-2	L-1B: 5RAINE ^{M1} ate 5%, ate 2%, ate 2%, ate 5%, ofen 10%, phine 0.2%	□ SCALP
MS-2 MS-21: Methylcobalamin 20mg, Pyridoxial-5-Phosphate 70mg, 5-MTHF 10mg Dispensing quantity: 60 SIG: Take 1 capsule by mouth twice daily Refills:	MS-22: Coenzyme Q10 100mg, Alpha Lipoic Acid 250mg, N-Acetylcystine 250mg, Vit D3 1,000l Dispensing quantity: 60 S1G: Take 2 capsules by mouth once daily Refills:	MS-31: 100mg, Pip	MS-3 Resveratrol Powder verine 20mg quantity: 60 apsules by mouth once da	MS-32: Hydroxy 20mg, Coenzyme (Alpha Lipoic Acid 2 1,000IU	ocobalamin 210 100mg, 550mg, Vit D3	P1 First Substitute: Active Ketop Cyclobenzaprine 5% KIT, Active Gabaper Hamaele 9% KIT (Hammoy 1) authorize prescribed kits together before dispersible substitutes: All-11 (Gabap Meloxicam 0.375%, Lidocaine 1.5%, P1 Topiramate 2%, Amantadine 4%) or AIT Gabapentin 8%, Meloxicam 0.375%, Lidocaine 1.5% (Fram. Jopiramate 2%, Amantadine 5%) or AIT Gabapentin 8%, Meloxicam 0.375%, Mantadio Gel (whichever is covered by the patient P1 Third Substitute: PopiraTec (Arect Cyclobenzapier 2%), Badofen 2%), Lidocain 275% P2 First Substitute: MI Cream: Mt Tzandine 0.2% Menthol 8%, Lidocain 0.02%, Menthol 8%, Lidocain 0.02%, Menthol 8%, Lidocain	ntin 4% KIT & Active ed to admix all the ng to the patient). sentin 8%, locaine 1.5%, -1-Tig (EMLA) docaine/Prilocaine ne 4% or Voltaren it insurance) aminophen 10%, caine 2%) stich: Menthol 5%, telexicam 0.3%, thyl Salicylate 20%, thyl Salicylate 20%,	TION LEGEND: P2 Third Substitute: ILCM Cream: Bupomfen Lidocaine 5%, Carbamazepine 2%, Methocarb 2% 31 With Pain Substitute: Betamethazo Arcatelo 0.5%, Levocetirizine 1%, Pentoxifyllin 51 Without Pain Substitute: Friamcinolone 0.01%, Levocetirizine 1%, Pentoxifyllin 1%, Lidocaine 5% M1 Substitute: ALT MCL-18: Baclofen 22 (vicloberapine; 6), Lidocaine 5%, Amitriptyline 2% P7 Substitute: ALT DEMX-7: Buporden Timarcinolone 0.1%, Verapamil 5%, Lidocaine 36% M5-27/MS-22/MS-31/MS-3 Substitute M5-1: Cenzymov (10 75mg, Alpha Lipoic Add N-Acetylcystine 250mg, Vitamin D3 1,000IU
Other								
Prescriber Name:				NPI #:				
Lic. #:	DEA#:		P	hone #:		Fax#:		
Address:								
I authorize the pharmacy to dispen can afford. In either of those instan Alternate Formulation Legend. In a Pharmacist may change such origin	ise the first preference formulation ces, substitute with the formulation ddition, in the event the originally-	indicated above unle ins listed in the Alterna ordered quantity of tl	ss the first preferer ate Formulation Le he prescribed med	nce formulation is no gend in this order. B ication is not covere	y my signature below I d by the patient's insu	authorize the pharmacy to	substitute for	mulations according to this
Signature (Note: Manual S	Signature Required for CS):					Date:		

Patient			DOB			Insurar	nce info	
					Carrier:			
Home Phone		Cell Phone			Bin#		PCN#	
Address					Group #			
City		State	Zip		Member ID	#		
Allergies								
Diag.					Workers Cor	mp	Yes	No
					DOI		Claim #	'
PAIN-TRANSDEF	RMAL Any adde	ed controlled substan	ces must be hand-	written.			PAIN-I	PATCH
NCP-5: Neuropathic & Chronic Pain Baclofen	NCP-7: Neuropathic & Chronic Pain Flurbiprofen Baclofen Cyclobenzaprine Gabapentin Lidocaine Add:	Chroni 20% Baclofen 2% Cyclobenzapı 2% Gabapentin 6% Lidocaine Diclofenac Add:	pathic & c Pain	BRP-3: Bar Radicular Clonidine Gabapentin Flurbiprofen Lidocaine Add:	Pain G 0.2% Ir6% Flur10% Cycl Bacl Add	PI-2: seneral Pain / nflammation biprofen	Menthol . Capsaicin Dispensing Qua 60 count OR SIG: Apply 1 pate	I PATCH
Dispensing	g Quantity: 300mLs OR Other Quantity: _	SIG: Apply 1-2	pumps to affected area 3-4 time	is daily; I pump = 1.5 mLs	Ketilis:		nems.	
SCAR	DERMA	TOLOGICAL		AC	NE	SPECI	ALTY	
Fluticasone 196 Levocetirizine 296 Pentoxifylline 0.5% For painful scars, add: Prilocaine 396 Gabapentin 15% For elasticity, add: Hyaluronidase 0.296 Vitamin D 596 Vitamin C 596 Estradio 0.196 Dispensing Quantity: 300mLs OR Other Quantity: SIG: Apply 1-2 pumps to affected area 3-4 time daily; 1 pump = 1.5 mLs Refills:	FLUTICASONE Methylcobal Coenzyme Q Contact Di with pain, Lidocaine Hydroxyzine Dispensing Q	ATITIS / IA		Ery Nia Clin Ure Ber Flu Arc Me Alt Dispen SIG: App Grams)	Topical) thromycin	Topirama Baclofen Cycloben Lidocaine Flurbipro Apomorp Dispensing Qu 0R Other Quanti	oumps to affected laily; 1 pump =	CARE - 4 HAIR SOLUTION Fluticasone
						ALTERNATE	FORMULATION	ON LEGEND:
MS-21: Methylcobalamin 20mg Pyridoxial-5- Phosphate	MS-22: Coenzyme Q10	MS-31: Resveratt Powder Piperine MS-31: Resveratt Powder Piperine	S-3 rol 100mg 20mg	MS-32: Hydroxycobalam Coenzyme Q10. Alpha Lipoic Acid Vit D3	100mg d 250mg	Pain-Transdermal First Substitute: Ac 5% KIT, Active Cyclobenzapine 5% KIT, Active KIT (Pharmacy is authorized to admix at the prosper hospital postering) to the patient.) Pain-Transdermal Second Substitute: All 5%, Medician 275%, Lidociane 15%, Prilo Topirimate 2%, Amantadine 4%) or ALT-18 (E 64abapenin 8%, Mediciana 0.37%, Lidociane 15%, Vinichever is covered by the patient include Pain-Transdermal Third Substitute: Pain-Transdermal Tourth Substitute: Pain-Transdermal Tourth Substitute: Remove Pain Pait. Membid 5%, Capacion 10. Renove Pain Pait. Membid 5%, Capacion 10. Renove Pain Pait. Membid 5%, Capacion 10. Renove Pain First Substitute: Active IXI, Active Cyclobenzapine 5% KIT, A	ALT-18 (Gabapentin 4% ALT-18 (Gabapentin 4% ALT-18 (Gabapentin 2.5%, Cream, To, Whitehever is con Whit	clofen 2%, Cyclobenzaprine 2%, Lidocaine 5%, 1.1%, Indomethacin 5%, Amitriptyline 2% asciitis Substitute: uprofen 5%, Triamcinolone 0.1%, Verapamil 5%
Other								
Prescriber Name:				NPI#:				
Lic. #:	DEA#:		Pho	one #:		Fax#:		
Address:								
l authorize the pharmacy to dispen can afford. In either of those instan Alternate Formulation Legend. In a Pharmacist may change such origin	ces, substitute with the formudition, in the event the origin	llations listed in the Alterr nally-ordered quantity of	nate Formulation Leger the prescribed medica	nd in this order. By ation is not covered	my signature below I a d by the patient's insura	uthorize the pharmacy to s	substitute formulation	ons according to this
Signature (Note: Manual S	Signature Required for	· CS):				Date:		

Patient			DOB				
- uncin			000		Carrier:	Insuran	ice info
Home Phone	Cell	Phone			carrier.		
Address					Bin#		PCN#
City		State	Zip		Group #		
Allergies		State	ΣΙΡ		Member	ID#	
Allergies					Workers	Comp	Yes No
Diag.					Workers	Comp	res NO
				J	DOI		Claim #
PAIN-TRANSDE	RMAL Any added controlled	d substances must be	handwritten.	SCAR			STRETCH MARK
NCP-7B: Neuropathic & Chronic Pain Flurbiprofen	NCP-9: Neuropathic & Chronic Pain Baclofen 2% Cyclobenzaprine 2% Gabapentin 6% Lidocaine 2% Diclofenac 3%	GPI-2: General F Inflamma Flurbiprofen Cyclobenzaprin Baclofen	e 2% 2% 2%	Levocetii Pentoxify For pa Prilocain	ne	☐ For elasticity, add: Hyaluronic Acid	Levocetirizine2% Pentoxifylline0.5%
Add: SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm Qty: 300 gm Refills:	Add: SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm Qty: □ 300 gm □ Refills:	SIG: Apply 1-2 affected ar times daily 1.5 gm Qty: □ 300 gm Refills:	ea 3-4 ; 1 pump =	1 pi Qty: 🗆 3	oly 1-2 pumps to aff imp = 1.5 gm 00 gm □	fected area 3-4 times daily;	Estradiol
DERMATOLOGIC	CAL/ACNE					SPECIALTY	
□ DERM-2: Topical Anti Fungal Cream Fluticasone	□ DERM-5: Contact Dermatitis / Eczema Fluticasone	TX ACNE (Topical) Erythromycin Niacinamide Clindamycin Urea Benzoyl Peroxid Fluticasone Silver Nitrate Tea Tree Oil SIG: Apply 1-2 3-4 times a instructed, 1 pump = Qty: 120 gm Refills:		Add: SIG: Apply 1-2 affected a	2%	MGL-1A: Migraine Topiramate	
METABOLIC SUPPL	EMENTS	TI III	NSOMNI	A	BONE HE	EALTH	DIET SUPPLEMENT
Super-SB: General SB-1: 5-MTHF 500 Alpha Lipoic Acid 250 Coenzyme Q10 10 Methylcobalamin 2 EGCG 5 Vitamin E 10 Glutathione 10 SIG: Take 1 capsule by mouth daily Qty: 60 capsules Refills:	SB-2: Resveratrol Powder Pyridoxal-5-Phosphate . Beta Carotene SIG: Take 1 capsule by m daily dily Qty: 60 capsules Refills:	100 mg	Qty: ☐ 30 caps	3 mg nin 5 mg ne 125 mg 50 mg ne 20 mg ne 150 mg sule by mouth at bedtime ules	KP-71: Vitam Magn Zinc C Boror Copp Betain Coen: 5-MTi SIG: Take 1 c daily or Qty: 30 caps	Bone Health in D3	Methylcobalamin 20 mg Coenzyme Q10
Prescriber Name:				NPI #: _			
	DEA#.					ιαλπ	

Patient				DOB			Insu	rance info)	
						Carrier:				
Home Phone		Cell F	Phone			Bin#		PCN#		
Address						Group #				
City			State	Zip						
Allergies						Member ID) #			
						Workers Co	omp	Yes		No
Diag.						DOI		Claim	#	
						DOI		Ciaiiii	π	
PAIN-TRANSDER	MAL Any add	ed controlled s	ubstances must be l	nandwritten.			SCAR/ST	RETCH	MARK	s
□ NCP-7B:	□ NCP-9:		☐ GPI-2:		☐ Reme-	D	☐ Scar		☐ Stretc	h Marks /
Neuropathic &	Neuropat		General		_ neme		Fluticasone Levocetirizine .		Elastic	
Chronic Pain	Chronic Pa		Inflamm		•	2.5%	Pentoxifylline For painful s	0.5%		e1%
Flurbiprofen20% Baclofen2%	Baclofen Cyclobenzaprine		Flurbiprofen Cyclobenzapri			2%	Prilocaine	3%		zine2% ine 0.5%
Cyclobenzaprine 2%	Gabapentin		Baclofen			2%	Gabapentin	15%	Hyaluronic	dase 0.2%
Gabapentin 6%	Lidocaine		Add:	2,0		1.2%	☐ For elasticit Hyaluronic Acid	0.2%		3
Lidocaine2.5% Add:	Diclofenac Add:	3%	SIG: Apply 1-2	2 pumps to			Vitamin D3	0.05%		5% 0.1%
SIG: Apply 1-2 pumps to	SIG: Apply 1-2 p	umps to	affected a	area 3-4	SIG: Apply 1-	2 pumps to area 2-3 times	Vitamin C Estradiol	0.1%		y 1-2 pumps to
affected area 3-4 times	affected are			ly; 1 pump =		ump = 1.5 gm	SIG: Apply 1-2	oumps to ea 3-4 times	affect	ted area 3-4 times
daily; 1 pump = 1.5 gm	daily; 1 pum		1.5 gm	, n	Qty: 300 g		daily; 1 pu	mp = 1.5 gm		1 pump = 1.5 gm
Qty: □ 300 gm □ Refills:	Qty: □ 300 gm Refills:		Qty: □ 300 gr Refills:		Refills:		Qty: ☐ 300 gm Refills:		Qty: \(\subseteq 30\) Refills:	0 gm □
neillis	neillis.		neillis.		iteliisi		Remis:		Relilis.	
DERMATOLOGIC	AL						SPECIAL	ΓY		
☐ DERM-2:	☐ DERM-5: C		☐ TX ACNE		☐ DERM-7	-	☐ MGL-1A:		SCALI	
Topical Anti Fungal Cream	Dermatitis Eczema	5/	(Topical		Plantar		Migraine			Solution
-		104	Erythromycin Niacinamide .	2% 5%		5%	Topiramate Baclofen			e0.2%
Fluticasone1% Fluconazole	Fluticasone Methylcobalamin		Clindamycin	1%		2%	Cyclobenzaprin			e 0.2% 5%
Pentoxifylline 0.5%	Coenzyme Q10		Urea			2%	Lidocaine			
Lidocaine 2%	☐ Contact Derm	atitis	Benzoyl Perox Fluticasone		Verapamil	270	Flurbiprofen	10%	☐ For wom	
Hydroxyzine2%	with pain, add		Silver Nitrate		Hydrochlor	ide 10%	Apomorphine .	0.2%	(No Finast	
SIG: Apply 1-2 pumps to affected area 3-4	Lidocaine		Tea Tree Oil		Add:		SIG: Apply 1-2 p		SIG: Apply	y up to 2 mls to
times daily; 1 pump =	Hydroxyzine SIG: Apply 1-2 pu		SIG: Apply 1-		SIG: Apply 1-			ea 3-4 times	scalp	2 times a day
1.5 gm	affected area		3-4 times			area 3-4 times	Qty: 300 gm	mp = 1.5 gm	Qty: □ 12	0 ml
Qty: □ 300 gm	daily; 1 pum		1 pump :		Qty: 300 g	ump = 1.5 gm	Qty. □ 300 giii			
	Qty: □ 300 gm [Qty: 120 gm		Refills:				Refills:	
Refills:	Refills:		Refills:		Relilis:		Refills:			
GENERAL WELLN	IESS -		МЕТАВ	OLIC S	UPPLEA	MENTS	BON	E HEAI	LTH	
☐ Super-SB: Genera	l Wellness				DIET		□В	H: Bone F	lealth	
SB-1: 5-MTHF		IINZ	AINMO		DIET SUPPLI	MENT	BH-1:			
Alpha Lipoic Acid			P-1: Insomn		30				Oxide	
Coenzyme Q10 Methylcobalamin	9				□ ADP-	6			ate conate	
EGCG			atoninthylcobalamin					Boron		1 mg
Vitamin E	100 mg		inyicobaiamin .cetylcysteine 12	_		balamin 20 mg ie Q10 75 mg	,		nydrous	
Glutathione			tathione			ie Q10 75 mg			Phosphate rrata	
SIG: Take 1 capsule by mouth			henydramine 2			lus 100 mg			rratale by mouth onc	_
Qty: 60 capsules Refills:		5-H	TP15	50 mg	Bupropio	n 50 mg	Qty:	30 capsules		
SB-2: Resveratrol Powder Pyridoxal-5-Phosphate	9	SIG	: Take 1 capsule by r	mouth		Husk 100 mg	BH-2:			
Beta Carotene			once daily at bedti	me		e 1 capsule in the			ıconate Q10	
SIG: Take 1 capsule by mouth		Qty	: ☐ 30 capsules		Qty: 30 c	rning as directed			rahydrofolate.	
Qty: 60 capsules		Refi	ills:	_		· ·	SIG:		le by mouth onc	
Refills:					Kéfilis:		Qty:	30 capsules	Refills:	
Other										
Prescriber Name:					NPI #:					
Lic. #:	DEA#:			P	hone #:		Fax#	:		
Address:										

Patient		DOB	Last 4 dig	its of CCN						
ratient		БОВ	Last 4 dig	ILS OI SSIN	Carrier:	Ir	nsurance info)		
Home Phone		Cell Phone			Carrier:					
Address		Cell i florie			Bin#		PCN#			
		le.			Group #					
City		State	Zip		Member	ID#				
Allergies					Member	# טו				
Diag.				=	Workers	Comp	Yes	No		
Diag.					DOI		Claim	#		
PAIN-TRANSDER	MAL Any added	controlled substances m	nust be handwrit	ten.		SCAR/ST	TRETCH I	MARKS		
□ NCP-7B:	☐ NCP-9:	☐ GPI-2:		☐ Reme-D	:	☐ Scar		☐ Stretch Marks /		
Neuropathic &	Neuropathic 8		al Pain /	Topiramate	2.5%	Levocetirizin	1% e2%	Elasticity		
Chronic Pain	Chronic Pain		mation	Celecoxib	2%	Pentoxifyllin	e 0.5%	Fluticasone1%		
Flurbiprofen	Baclofen Cyclobenzaprine		orine 20%	Gabapentin			3%	Levocetirizine2% Pentoxifylline 0.5%		
Cyclobenzaprine 2%	Gabapentin	6% Baclofen	2%	Lidocaine			15%	Hyaluronidase 0.2%		
Gabapentin6%	Lidocaine	2%		Duloxetine		☐ For elasti Hyaluronic A	cid 0.2%	Vitamin D3 0.05%		
Lidocaine2.5% Add:	Diclofenac Add:	3%	1-2 pumps to	SIG: Apply 1-2	oumps to	Vitamin D3	0.05%	Vitamin C 5% Estradiol 0.1%		
SIG: Apply 1-2 pumps to	SIG: Apply 1-2 pumps		d area 3-4	affected ar	ea 3-4 times	Estradiol	5%	SIG: Apply 1-2 pumps to		
affected area 3-4 times	affected area 3-4 t	times times o	daily; 1 pump =	daily; 1 pu	mp = 1.5 gm	SIG: Apply 1	-2 pumps to	affected area 3-4 times		
daily; 1 pump = 1.5 gm	daily; 1 pump = 1.			Qty: □ 300 gm	<u> </u>	daily; 1	d area 3-4 times pump = 1.5 gm	daily; 1 pump = 1.5 gm		
Qty: □ 300 gm □ Refills: 3 6 12	Qty: □ 300 gm □ Refills: 3 6 12		gm □ 6 12	Refills: 3 6	Qty: □ 300 gm Refills: 3 6 1					
DERMATOLOGICA	AL					SPECIAL	TY			
□ DERM-2:	DERM-5: Cont	tact TX ACN	IE #2D	DEDM 7				☐ SCALP CARE -		
Topical Anti	Dermatitis /	(Topica		☐ DERM-7: Plantar Fa	esciitis	☐ MGL-1/ Migrai		3 Hair Solution		
Fungal Cream	Eczema		n 2%	Diclofenac		_	5%	Fluticasone0.2%		
Fluticasone1%	Fluticasone		5%	Baclofen		Baclofen	2%	Finasteride 0.2%		
Fluconazole 2%	Methylcobalamin 0.0		1%	Fluticasone	1%		rine 2%	Minoxidil5%		
Pentoxifylline 0.5%	Coenzyme Q10	Renzovi Pero	xide 2.5%	Lidocaine	2%		5%	Tretinoin 0.01%		
Lidocaine 2% Hydroxyzine 2%	□ Contact Dermatitis with pain, add:	Fluticasone .	1%	Verapamil			10% ie 0.2%	☐ For women:		
SIG: Apply 1-2 pumps to	Lidocaine		9 0.03%	Hydrochlorid Add:	e10%	SIG: Apply 1		(No Finasteride)		
affected area 3-4	Hydroxyzine	2% SIG: Apply 1	3%	SIG: Apply 1-2 p	numps to		l area 3-4 times	SIG: Apply up to 2 mls to scalp 2 times a day		
times daily; 1 pump = 1.5 gm	SIG: Apply 1-2 pumps t	o 3-4 tim	es a day as		ea 3-4 times	daily; 1	pump = 1.5 gm			
Qty: □ 300 gm	affected area 3-4 ti daily; 1 pump = 1.5	- IIISUUCI		daily; 1 pur	mp = 1.5 gm	Qty: □ 300 g	gm	Qty: □ 120 ml		
□	Qty: □ 300 gm □		o = 1.5 gm	Qty: □ 300 gm	□					
Refills: 3 6 12	Refills: 3 6 12	Refills: 3	6 12	Refills: 3 6	12	Refills: 3	6 12	Refills: 3 6 12		
GENERAL WELLN	ESS —	METAI	BOLIC S	UPPLEM	IENTS	ВС	NE HEAI	тн		
☐ Super-SB: General							BH: Bone H			
SB-1: 5-MTHF		INSOMNIA		DIET	`			5,000 IU		
Alpha Lipoic Acid				SUPPLE	MENT	J.		Oxide 200 mg		
Coenzyme Q10		☐ KP-1: Insom	nia					nate 69.6 mg		
Methylcobalamin		Melatonin	3 mg	☐ ADP-	6			conate 7.14 mg		
EGCGVitamin E		Methylcobalamin	5 mg		balamin 20	_		nydrous25 mg		
Glutathione		N-Acetylcysteine	-		e Q10 75		Pyridoxal-5	Phosphate70 mg		
SIG: Take 1 capsule by mouth	,	Glutathione	-		100	9		rrata 200 mg		
Qty: 60 capsules Refills: 3	6 12	Diphenydramine			us 100 n 50	_	SIG: Take 1 capsu Qty: 30 capsules	le by mouth once daily Refills: 3 6 12		
SB-2: Resveratrol Powder		5-HTP	3		lusk 100			Refills: 3 6 12		
Pyridoxal-5-Phosphate		SIG: Take 1 capsule b			1 capsule in the	, , , , ,	Calcium Glu	ıconate 500 mg		
Beta Carotene SIG: Take 1 capsule by mouth		once daily at be	dtime		ning as directed		, ,	Q10 100 mg		
Qty: 60 capsules		Qty: 30 capsules		Qty: 30 c	apsules			rahydrofolate 500 mcg le by mouth once daily		
Refills: 3 6 12		Refills: 3 6 12	<u> </u>	Refills: 3	6 12		Qty: 30 capsules	Refills: 3 6 12		
Other										
Prescriber Name:				NPI #:						
						_				
LIC. #:	DEA#:		P	hone #:		Fa	ах#:			

PATIENT		DOB		LAST 4 DI	GITS OF SSN	Insurance info				
						Carrier:				
Home Phone		Cell Ph	none			Bin#		PCN#		
Address						Group #				
City			State	Zip		Gloup #				
Allergies						Member ID) #			
						Workers Co	omp	Yes	No	
Diag.						DOI		Claim #	:	
PAIN-TRANSDER	MAL			.1.1.1.20			PAIN-TOPIC	AL		
_				ust be handwritte						
NCP-7B: Neuropathic & Chronic Pain Flurbiprofen 20% Baclofen 2% Cyclobenzaprine 2%	NCP-9: Neuropathic Chronic Pain Baclofen Cyclobenzaprine Gabapentin	& 2% 2%	Cyclobenza	mation 20% orine 2%	Topiramate Celecoxib Gabapentin Lidocaine	2% 5%	Renovo Pain Patch Menthol	5% 0.0375%	Camphomex Topical Spray Menthol	
Gabapentin	Lidocaine	2% 3% to	Add:	1-2 pumps to d area 3-4 laily; 1 pump =	Duloxetine SIG: Apply 1-2 particle and affected and daily; 1 pur		affected area 1 daily as neede Qty: ☐ 30 count ☐ 60 count	-2 times d.	Histamine	
Qty: □ 300 gm □ □ Refills: 3 6 12 □ <td colspan="3">3 6 12 Refills: 3 6 12</td> <td colspan="3">1.5 gm Qty: □ 300 gm □ Refills: 3 6 12</td> <td colspan="3">Qty: 2</td>	3 6 12 Refills: 3 6 12			1.5 gm Qty: □ 300 gm □ Refills: 3 6 12			Qty: 2			
DERMATOLOGIC	AL		SCAF	R			SPECIALT	Y		
□ DERM-2: Topical Anti Fungal Cream Fluticasone	Diclofenac	DERM-7: Plantar Fasciitis Diclofenac		macin Rx Pak topical) lone Acetonide USP, 80 gm	Levocetirizin Pentoxifyllin For painfu Prilocaine Gabapentin For elasti Hyaluronic A Vitamin D3 Vitamin C SIG: Apply 1 affectec daily; 1	e	MGL-1A: Migraine Topiramate		SCALP CARE - 3 Hair Solutio Fluticasone 0.2% Finasteride 0.2% Minoxidil 5% Tretinoin 0.01% For women: (No Finasteride) SIG: Apply up to 2 mls t scalp 2 times a day Qty: 120 ml	
ENERAL WELLN	IESS —	١	META	BOLIC S	UPPLEM	IENTS	BONE	HEALT	ТН	
Super-SB: Genera SB-1: 5-MTHF Alpha Lipoic Acid Coenzyme Q10 Methylcobalamin EGCG Vitamin E Glutathione SIG: Take 1 capsule by mouth Qty: 60 capsules Refills: 3 SB-2: Resveratrol Powder Pyridoxal-5-Phosphat Beta Carotene SIG: Take 1 capsule by mouth Qty: 60 capsules Refills: 3 SB-3: Resveratrol Powder Pyridoxal-5-Phosphat Beta Carotene SIG: Take 1 capsule by mouth Qty: 60 capsules Refills: 3 6 12	500 mcg 250 mg 100 mg 20 mg 50 mg 100 mg 100 mg twice daily 6 12 100 mg 25 mg 25 mg	Melar Meth N-Acc Gluta Diph-5-HTI SIG:	P-1: Insom tonin whylcobalamin etylcysteine athione enydramine P Take 1 capsule b once daily at be 30 capsules sis: 3 6 12	3 mg 5 mg 125 mg 50 mg 20 mg 150 mg 1y mouth dtime	Coenzyme 5-HTP Acidophili Bupropior Psyllium H SIG: Take morr Qty: 30 ca Refills: 3	balamin	BH-1: V Z G B B B SIG: Ti C SIG: Ti Qty: 3	Magnesium O Linc Gluconat Lopper Gluco Soron	Solution	
Prescriber Name:					NPI #:					

Case 4:18-cr-00368 Document 533-215 Filed on 07/22/23 in TXSD Page 10 of 17

PATIENT	D	ОВ	LAST 4 DIGITS OF SSN		I	nce info
					Carrier:	nce into
Home Phone		ell Phone		`	currer.	
		en i none		I	Bin#	PCN#
Address		1 -			Group #	
City		State	Zip	L,	Manakan ID #	
Allergies				'	Member ID #	
				١	Workers Comp	Yes No
Diag.)			
PAIN-TRANSDER	MAL		COMBINATION	-P	AIN	METABOLIC
Any added controlled substances must	be handwritten.		☐ Topical Pain Combo		☐ Patch and Ointment	SUPPLEMENTS
☐ Reme-D-HP	Renovo Pair	n Patch	Lidocaine USP		Pain Combo	☐ Super-SB:
Topiramate 2.5%	Menthol	5%	Ointment 59	%	Renovo Pain Patch:	General Wellness
Celecoxib 2%	Capsaicin	0.0375%	SIG: Apply to affected area 4		Menthol 5% Capsaicin 0.0375%	SB-1:
Lidocaine	SIG: Apply 1 pate	ch to affected	times daily as directed.		SIG: Apply 1 patch to affected	5-MTHF 500 mcg
SIG: Apply 1-2 pumps to affected	area 1-2 tim	es daily as	Qty: 250 gm		area 1-2 times daily as	Alpha Lipoic Acid 250 mg
area 3-4 times daily. 1 pump	needed.		Refills: 3 6 12		needed.	Coenzyme Q10 100 mg
= 1.5 gm	Qty: 🗆 30 count	☐ 60 count	Diclofenac Sodium		Qty: ☐ 30 count ☐ 60 count	Methylcobalamin 20 mg
Qty: □ 300 gm □		[]	Topical Solution1.59	%	□ Refills: 3 6 11	Vitamin E 100 mg
Refills: 3 6 12	Refills: 3 6	12	SIG: Apply 2-3 ml to affected		Lidocaine USP Ointment 5%	Glutathione
			area 3-4 times daily.		SIG: Apply to affected area 2-4	SIG: Take 1 capsule by mouth
☐ NCP-7B: Neuropathic &	☐ GPI-2B:		Qty: 150 ml		times daily as directed.	twice daily.
Chronic Pain	General Pain		Refills: 3 6 12		Qty: 150 gm Refills: 3 6 12	Qty: 60 capsules
Flurbiprofen20%	Inflammatio	n				Refills: 3 6 12
Baclofen	Flurbiprofen	20%				SB-2:
Cyclobenzaprine 2% Gabapentin 6%	Cyclobenzaprine		MIGRAINE		WOUND CARE	Resveratrol Powder 100 mg
Lidocaine2.5%	Baclofen	2%	□ Vt-110		Democris Professional	Pyridoxal-5-Phosphate 25 mg
□ Add:	☐ Add:		☐ Vanatol LQ		☐ Dermacin Rx Surgical PharmaPak	Beta Carotene 2,500 IU SIG: Take 1 capsule by mouth
SIG: Apply 1-2 pumps to affected	SIG: Apply 1-2 pur	mps to	(migraine syrup)			twice daily.
area 3-4 times daily. 1 pump	affected area	3-4 times	Butalbital 50 mg		Chlorhexidine Gluconate	Qty: 60 capsules
= 1.5 gm	daily. 1 pump		Acetaminophen 325 mg		Wash 4% 237 ml Mupirocin 2% 22 gm	Refills: 3 6 12
Qty: □ 300 gm □	Qty: □ 300 gm □	J	Caffeine 40 mg		Skin Repair Complex	
Refills: 3 6 12	Refills: 3 6 12	2			(Dimethicone) 5% 118 ml	☐ BH: Bone Health
			SIG: 1-2 tablespoons (15 ml-		Silicone tape	BH-1:
SCAR			30 ml) by mouth every 4		FOLLOW PACKAGE	Vitamin D3 5,000 IU
SCAR			hours. Max 6 tablespoons		INSTRUCTIONS	Magnesium Oxide 200 mg
☐ Scar	☐ SDS Pak/Sila	Pak	per 24 hours. 1 tablespoon = 15 ml		SIG: Step 1: Wash with	Zinc Gluconate 69.6 mg
Fluticasone1%	(scar topical				Chlorhexidine liquid the	Copper Gluconate 7.14 mg
Levocetirizine2%	Triamcinolone Ace		Qty: □ 32 oz □ 48 oz □		night prior to, and the	Boron 1 mg
Pentoxifylline 0.5%	Cream USP, 80 g				morning of the procedure as	Betaine Anhydrous 25 mg Pyridoxal-5-Phosphate 70 mg
☐ For painful scars, add:	Skin Repair Comple (Dimethicone)		Refills: 3 6 12		directed.	Boswella Serrata 200 mg
Prilocaine 3%	Silicone Tape				Step 2: Apply Mupirocin	SIG: Take 1 capsule by mouth
Gabapentin 15%	SIG: Apply both cr		OTLIER		ointment to the wound site	once daily.
☐ For elasticity, add:	times daily. A	pply silicone ne and remove	OTHER		post-op three times daily for	Qty: 30 capsules
Hyaluronic Acid 0.2%	in the mornin		П		3-5 days or as directed.	Refills: 3 6 12
Vitamin D3 0.05%	Qty: 1 pack				Step 3: Once wound has	BH-2:
Vitamin C 5%	Refills: 3 6 1	2			healed, apply Skin Repair	Resveratrol 20 mg Calcium Gluconate 500 mg
Estradiol 0.1%	☐ For painful scars	s, add:			Complex up to 4 times daily or as directed. Apply Silicone	Coenzyme Q10 100 mg
SIG: Apply 2-3 pumps to	Lidocaine USP Oint	tment 5%			tape at night before bed and	5-Methyltetrahydrofolate 500 mcg
affected area 3-4 times	SIG: Appply to aff	ected area 4			remove in morning.	SIG: Take 1 capsule by mouth
daily. 1 pump = 1 gm	times daily as	s directed.				once daily.
Qty: □ 300 gm □	Qty: 100 gm				Qty: 1 pack	Qty: 30 capsules
Refills: 3 6 12	Refills: 3 6 1				Refills: 3 6 12	Refills: 3 6 12
						OP_Script_Pad_November_2015_v14

__ Fax#: _

_____ NPI #: ____

Prescriber Name:

___ DEA#: ___

Case 4:18-cr-00368 Document 533-215 Filed on 07/22/23 in TXSD Page 11 of 17

PATIENT	DOB	LAST 4 DIGITS OF SSN		Insurance info	
			Carrier:		
Home Phone	Cell Phone		Bin#	PCN#	
Address					
City	State	Zip	Group #		
Allergies			Member ID #		
			Workers Comp	Yes	No
Diag.					
PAIN-TRANSDERMAL	WOU	ND CARE	S	CAR	
Any added controlled substances must be handwritten.					
☐ NCP-7B: Neuropathic & Chronic Pair		rmacin Rx Surgical armaPak		Scar Fluticasone	1%
Flurbiprofen20%		hexidine Gluconate		Levocetirizine	
Baclofen	Wash	4%	237 ml	Pentoxifylline	0.5%
Cyclobenzaprine2%	Mupir	ocin 2%	22 gm	For painful scars, add:	
Gabapentin6%	Skin R	epair Complex (Dimethicone) 59		Prilocaine	3%
Lidocaine2.5%	Silico	ne tape		Gabapentin	
□ Add:	FOLL	OW PACKAGE INSTRUCTIONS	Г	☐ For elasticity, add:	
				Hyaluronic Acid	U 20%
SIG: Apply 1-2 pumps to affected area 3-4	SIG:	Step 1: Wash with Chlorhexi		Vitamin D3	
times daily. 1 pump = 1.5 gm		the night prior to, and the m	orning of	Vitamin C	
Qty: □ 300 gm □		the procedure as directed.		Estradiol	
Refills: 3 6 12		Step 2: Apply Mupirocin oin	tment to		s to affected area 3-4
		the wound site post-op three			
		daily for 3-5 days or as direct		times daily. 1 pur	· -
☐ Reme-D-HP (MEDICARE)				Qty: □ 300 gm □	
Topiramate 2.5%		Step 3: Once wound has hea		Refills: 3 6 12	
Celecoxib		Skin Repair Complex up to 4			
Lidocaine 3%		or as directed. Apply Silicone			
Duloxetine 1.2%		night before bed and remov	e in	ETABOLIC	
SIG: Apply 1-2 pumps to affected area 3-4		morning.			
times daily. 1 pump = 1.5 gm	Qty:	1 pack	S	JPPLEMENTS	
· · · · ·	Pofil	s: 3 6 12			
Qty: 300 gm	Keiiii	3. 3 0 12		MS-3: General Wel	Iness Metabolic
Refills: 3 6 12				Supplements	
			M	S-31:	
☐ Pain Patch	MIGE	RAINE	141	Resveratrol Powder	100 mg
Menthol5%					3
Capsaicin	☐ Var	natol LQ (migraine Syru	o)	Piperine	
SIG: Apply 1 patch to affected area 1-2	Butalk	oital	50 mg	•	by mouth once daily.
times daily as needed.		minophen		Qty: 60 capsules	
Qty: □ 30 count □ 60 count □		ne		Refills: 3 6 12	
·	Per 1		40 mg	S-32:	
Refills: 3 6 12			D by	Hydroxycobalamin	20 mg
Lidocaine USP Ointment: 5%	SIG:	1-2 tablespoons (15 ml-30 m	i) by	Coenzyme Q10	100 mg
SIG: Apply to affected area 2-4 times daily a	5	mouth every 4 hours.		Alpha Lipoic Acid	250 mg
directed.		Max 6 tablespoons per 24 ho	ours.	Vitamin D3	1,000 IU
Qty: 150 gm		1 tablespoon = 15 ml		SIG: Take 2 capsules b	by mouth once daily.
	Qty:	□ 32 oz □ 48 oz □		Qty: 60 capsules	
Refills: 3 6 12	Refill	s: 3 6 12		Refills: 3 6 12	
☐ Pain Patch and Lidocaine					
Ointment Combo					
SIG: Apply 1 patch to affected area 1-2 time	ОТН	ER			
daily as needed. Apply ointment to					
affected area 2-4 times daily as directed	i. 🗆				
Qty: 150 gm Lidocaine USP Ointment <i>and</i>					
\square 30 \square 60 \square count patches					
Refills: 3 6 12					
				OP_Sc	cript_Pad_November_2015_
Prescriber Name:		NPI #:			
Lic. #: DEA#:		Phone #•		Fax#•	
DEA#:		FIIOHE#:		I ax#	
Address:					
nuuic>>.					

Home Phone Address	Cell Ph	none		Carrier:			
Address	Cell Ph	none					
				Bin#		PCN#	
City		State	Zip	Group #			
Allergies				Member ID #	<u> </u>		
thergies			J			1	
Diag.				Workers Con	р	Yes	No
PAIN-TRANSDERMAL		WOLL	ND CARE		SCAR		
Any added controlled substances must be handwritten.							
☐ NCP-7B: Neuropathic & Chronic Pa	ain		macin Rx Surgical rmaPak		Scar		10/
Flurbiprofen			exidine Gluconate				1% 2%
Baclofen			%	237 ml			0.5%
Cyclobenzaprine2	%	Mupiro	cin 2%	22 gm	☐ For painful	scars, add:	
Gabapentin6	%	Skin Rep	oair Complex (Dimethicone) 5	% 118 ml	Prilocaine		3%
Lidocaine2.5	%	Silicone	tape		Gabapentin		15%
□ Add:		FOLLO	W PACKAGE INSTRUCTIONS		☐ For elasticit	y, add:	
SIG: Apply 1-2 pumps to affected area 3-4	4	SIG:	Step 1: Wash with Chlorhes	idine liquid			0.2%
times daily. 1 pump = 1.5 gm			the night prior to, and the r				0.05%
Qty: □ 300 gm □			the procedure as directed.				5%
Refills: 3 6 12			Step 2: Apply Mupirocin oi	ntment to			0.1% affected area 3-4
			the wound site post-op thre			es daily. 1 pump	
			daily for 3-5 days or as direc	ted.		00 gm □	-
☐ Reme-D-HP (MEDICARE)			Step 3: Once wound has he	aled, apply		6 12	
Topiramate			Skin Repair Complex up to	times daily	Reillis. 3	0 12	-
Celecoxib			or as directed. Apply Silicor				
Lidocaine			night before bed and remo	ve in the	МЕТАВО		
SIG: Apply 1-2 pumps to affected area 3-4			morning.		SUPPLEM		
times daily. 1 pump = 1.5 gm	*	Qty:	1 pack		SUPPLEM	MENTS	
Qty: □ 300 gm □		Refills:	3 6 12		☐ MS 2.64	noral Walle	ess Metabolic
Refills: 3 6 12					Supplen		ess Metabolic
Reillis. 3 0 12					MS-31:	ients	
		MIGR	AINE			owder	100 mg
☐ Pain Patch							20 mg
Menthol5			tol LQ (migraine Syru	-			mouth once daily.
Capsaicin	%		al	-	Qty: 60 d	capsules	
SIG: Apply 1 patch to affected area 1-2 times daily as needed.			inophen	3	Refills: 3	6 12	
Qty: □ 30 count □ 60 count □		Per 15 i	<u> </u>	40 mg	MS-32:		
	_			a D. Invi	Hydroxycoba	alamin	20 mg
Refills: 3 6 12		SIG:	1-2 tablespoons (15 ml-30 r mouth every 4 hours.	ni) by	Coenzyme Q	10	100 mg
☐ Lidocaine USP Ointment:5	0/0		Max 6 tablespoons per 24 h	OURS			250 mg
SIG: Apply to affected area 2-4 times daily			1 tablespoon = 15 ml				1,000 IU
directed.		Qty:	□ 32 oz □ 48 oz □			e 2 capsules by	mouth once daily.
Qty: 150 gm			3 6 12			6 12	
Refills: 3 6 12		Reillis:	3 0 12		nems. 3	· 12	-
☐ Diclofenac Sodium							
Topical Solution 1.5	%	OTHE	R				
SIG: Apply 2-3 ml to affected area 3-4 time							
daily.							
Qty: 150 ml							
Refills: 3 6 12							
neniiii 5 0 12							
						OP_Scrip	t_Pad_November_2015_
			NPI #:				
Prescriber Name:							
Prescriber Name: Lic. #: DEA#:			Phone #:		Fax#: _		
			Phone #:		Fax#: _		

Case 4:18-cr-00368 Document 533-215 Filed on 07/22/23 in TXSD Page 13 of 17

	DOB	LAST 4 DIGITS OF SSN	Insurance info			
			Carrier:			
ome Phone	Cell Phone		Bin#	F	PCN#	
ddress			Group #			
ty	State	Zip	Gloup #			
llergies			Member ID #			
			Workers Comp		⁄es	No
iag.)				
PAIN-TRANSDERMAL	WOUN	D CARE		SCAR		
ny added controlled substances must be handwritten.	☐ Derm	nacin Rx Surgical		☐ Scar		
NCP-7B: Neuropathic & Chronic Pai		maPak		Fluticasone		1%
Flurbiprofen20%	Chlorhex	ridine Gluconate		Levocetirizine		2%
Baclofen 2%				Pentoxifylline		0.5%
Cyclobenzaprine		in 2%	-	☐ For painful scar	s, add:	
Gabapentin		air Complex (Dimethicone) 5	% 118 ml	Prilocaine		3%
Lidocaine		•		Gabapentin		15%
	FOLLOW	PACKAGE INSTRUCTIONS		☐ For elasticity, a		
SIG: Apply 1-2 pumps to affected area 3-4	SIG:	Step 1: Wash with Chlorhex	idine liquid	Hyaluronic Acid.		0.20/
times daily. 1 pump = 1.5 gm		the night prior to, and the n	norning of	Vitamin D3		
Qty: □ 300 gm □		the procedure as directed.		Vitamin D3 Vitamin C		
Refills: 3 6 12		Step 2: Apply Mupirocin oir	ntment to	Estradiol		
		the wound site post-op thre				0.19 ffected area 3-4
_		daily for 3-5 days or as direc	ted.	,	aily. 1 pump =	
☐ Reme-D-HP (MEDICARE)		Step 3: Once wound has he	aled, apply			i giii
Topiramate 2.5%		Skin Repair Complex up to		Qty: \square 300 g	ım □	
Celecoxib2%		or as directed. Apply Silicon		Refills: 3 6	12	
Lidocaine 3%		night before bed and remov	ve in the			
Duloxetine 1.2%		morning.				
SIG: Apply 1-2 pumps to affected area 3-4	Otve	1 nack		AETA BOLL		
SIG: Apply 1-2 pumps to affected area 3-4 times daily. 1 pump = 1.5 gm		1 pack		METABOLI		
times daily. 1 pump = 1.5 gm		1 pack 3 6 12		METABOLI SUPPLEME		
times daily. 1 pump = 1.5 gm Qty: □ 300 gm □		•		SUPPLEME	NTS	
times daily. 1 pump = 1.5 gm	Refills:	3 6 12			NTS	llness
times daily. 1 pump = 1.5 gm Qty: □ 300 gm □		3 6 12		SUPPLEME Super-SB: 6	NTS	llness
times daily. 1 pump = 1.5 gm Qty: □ 300 gm □ Refills: 3 6 12	Refills:	3 6 12		SUPPLEME Super-SB: G SB-1:	ieneral We	
times daily. 1 pump = 1.5 gm Qty: □ 300 gm □ Refills: 3 6 12	Refills:	3 6 12		SUPPLEME Super-SB: G SB-1: 5-MTHF	NTS ieneral We	500 mcg
times daily. 1 pump = 1.5 gm Qty: 300 gm Refills: 3 6 12 Pain Patch Menthol	Refills:	3 6 12	p)	Super-SB: G SB-1: 5-MTHFAlpha Lipoic Acid	ieneral We	500 mcg
times daily. 1 pump = 1.5 gm Qty: 300 gm Refills: 3 6 12 Pain Patch Menthol	Refills: MIGRA Vanat Butalbita	3 6 12	p) 50 mg	Super-SB: C SB-1: 5-MTHFAlpha Lipoic Acic Coenzyme Q10	ieneral We	500 mcg 250 mg
times daily. 1 pump = 1.5 gm Qty: 300 gm Refills: 3 6 12 Pain Patch Menthol	Refills: MIGRA Vanat Butalbita Acetamin	AINE col LQ (migraine Syru	p) 50 mg 325 mg	Super-SB: C SB-1: 5-MTHFAlpha Lipoic Acic Coenzyme Q10 Methylcobalamir	General We	500 mcg 250 mg 100 mg
times daily. 1 pump = 1.5 gm Qty: 300 gm	Refills: MIGRA Vanat Butalbita Acetamir Caffeine.	aine Syru	p) 50 mg 325 mg	Super-SB: C SB-1: 5-MTHFAlpha Lipoic Acic Coenzyme Q10 Methylcobalamin EGCG	ieneral We	
times daily. 1 pump = 1.5 gm Qty: □ 300 gm □ Refills: 3 6 12 Pain Patch Menthol	Refills: MIGRA Vanat Butalbita Acetamir Caffeine. Per 15 m	aine Syru	p) 50 mg 325 mg 40 mg	Super-SB: G SB-1: 5-MTHFAlpha Lipoic Acid Coenzyme Q10 Methylcobalamin EGCGVitamin E	ieneral We	
times daily. 1 pump = 1.5 gm Qty: 300 gm	Refills: MIGRA Vanat Butalbita Acetamir Caffeine. Per 15 m SIG:	all Incomplete Syrumophen	p) 50 mg 325 mg 40 mg	Super-SB: G SB-1: 5-MTHF	ieneral We	
times daily. 1 pump = 1.5 gm Qty:	Refills: MIGRA Vanat Butalbita Acetamir Caffeine. Per 15 m SIG:	all 1-2 tablespoons (15 ml-30 n	p) 50 mg 325 mg 40 mg nl) by	Super-SB: G SB-1: 5-MTHF	ieneral We	
times daily. 1 pump = 1.5 gm Qty: □ 300 gm □ Refills: 3 6 12 Pain Patch Menthol	Refills: MIGRA Vanat Butalbita Acetamir Caffeine. Per 15 m SIG:	3 6 12	p) 50 mg 325 mg 40 mg nl) by	Super-SB: G SB-1: 5-MTHF	General We	
times daily. 1 pump = 1.5 gm Qty:	Refills: MIGRA Vanat Butalbita Acetamin Caffeine. Per 15 m SIG:	at 12	p) 50 mg 325 mg 40 mg ml) by ours.	Super-SB: C SB-1: 5-MTHF	ieneral We	
times daily. 1 pump = 1.5 gm Qty:	Refills: MIGRA Vanat Butalbita Acetamir Caffeine. Per 15 m SIG:	all 1-2 tablespoons (15 ml-30 mouth every 4 hours. Max 6 tablespoons per 24 h 1 tablespoon = 15 ml	p) 50 mg 325 mg 40 mg ml) by ours.	Super-SB: G SB-1: 5-MTHF	ieneral We	
times daily. 1 pump = 1.5 gm Qty: 300 gm	Refills: MIGRA Vanat Butalbita Acetamir Caffeine. Per 15 m SIG: Qty:	all 1-2 tablespoons (15 ml-30 n mouth every 4 hours. Max 6 tablespoons = 15 ml	p) 50 mg 325 mg 40 mg nl) by ours.	Super-SB: G SB-1: 5-MTHF	ieneral We	
times daily. 1 pump = 1.5 gm Qty: 300 gm	Refills: MIGRA Vanat Butalbita Acetamir Caffeine. Per 15 m SIG: Qty:	all 1-2 tablespoons (15 ml-30 mouth every 4 hours. Max 6 tablespoons per 24 h 1 tablespoon = 15 ml	p) 50 mg 325 mg 40 mg nl) by ours.	Super-SB: G SB-1: 5-MTHF	General We	
times daily. 1 pump = 1.5 gm Qty:	Refills: MIGRA Vanat Butalbita Acetamir Caffeine. Per 15 m SIG: Qty: Refills:	all 1-2 tablespoons (15 ml-30 mouth every 4 hours. Max 6 tablespoons per 24 h 1 tablespoon = 15 ml 3 2 oz 48 oz 3 6 12	p) 50 mg 325 mg 40 mg nl) by ours.	Super-SB: G SB-1: 5-MTHF	General We	
times daily. 1 pump = 1.5 gm Qty:	Refills: MIGRA Vanat Butalbita Acetamin Caffeine. Per 15 m SIG: Qty: Refills:	all 1-2 tablespoons (15 ml-30 mouth every 4 hours. Max 6 tablespoons per 24 h 1 tablespoon = 15 ml 3 2 oz 48 oz 3 6 12	p) 50 mg 325 mg 40 mg nl) by ours.	Super-SB: G SB-1: 5-MTHF	General We	
times daily. 1 pump = 1.5 gm Qty: 300 gm	Refills: MIGRA Vanat Butalbita Acetamir Caffeine. Per 15 m SIG: Qty: Refills:	all 1-2 tablespoons (15 ml-30 mouth every 4 hours. Max 6 tablespoons per 24 h 1 tablespoon = 15 ml 3 2 oz 48 oz 3 6 12	p) 50 mg 325 mg 40 mg nl) by ours.	Super-SB: G SB-1: 5-MTHF	dapsule by mo ules 2	
times daily. 1 pump = 1.5 gm Qty: 300 gm Patch Refills: 3 6 12 90.0375% SIG: Apply 1 patch to affected area 1-2 times daily as needed. Qty: 30 count 60 count 90.0375% SIG: Apply 1 patch to affected area 2-4 times daily directed. Qty: 30 count 60 count 90.0375% SIG: Apply to affected area 2-4 times daily directed. Qty: 250 gm Refills: 3 6 12 90.0376% Refills: 3 6 12 90.0376% Diclofenac Sodium Topical Solution 1.5%	Refills: MIGRA Vanat Butalbita Acetamin Caffeine. Per 15 m SIG: Qty: Refills:	all 1-2 tablespoons (15 ml-30 mouth every 4 hours. Max 6 tablespoons per 24 h 1 tablespoon = 15 ml 3 2 oz 48 oz 3 6 12	p) 50 mg 325 mg 40 mg nl) by ours.	Super-SB: G SB-1: 5-MTHF	dapsule by mo ules 2	
times daily. 1 pump = 1.5 gm Qty: 300 gm	Refills: MIGRA Vanat Butalbita Acetamir Caffeine. Per 15 m SIG: Qty: Refills:	all 1-2 tablespoons (15 ml-30 mouth every 4 hours. Max 6 tablespoons per 24 h 1 tablespoon = 15 ml 3 2 oz 48 oz 3 6 12	p) 50 mg 325 mg 40 mg nl) by ours.	Super-SB: G SB-1: 5-MTHF	der	
times daily. 1 pump = 1.5 gm Qty:	Refills: MIGRA Vanat Butalbita Acetamir Caffeine. Per 15 m SIG: Qty: Refills:	all 1-2 tablespoons (15 ml-30 mouth every 4 hours. Max 6 tablespoons per 24 h 1 tablespoon = 15 ml 3 2 oz 48 oz 3 6 12	p) 50 mg 325 mg 40 mg nl) by ours.	Super-SB: G SB-1: 5-MTHF	in the second se	
times daily. 1 pump = 1.5 gm Qty: □ 300 gm □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Refills: MIGRA Vanat Butalbita Acetamir Caffeine. Per 15 m SIG: Qty: Refills:	all 1-2 tablespoons (15 ml-30 mouth every 4 hours. Max 6 tablespoons per 24 h 1 tablespoon = 15 ml 3 2 oz 48 oz 3 6 12	p) 50 mg 325 mg 40 mg nl) by ours.	Super-SB: G SB-1: 5-MTHF	in the second se	
times daily. 1 pump = 1.5 gm Qty:	Refills: MIGRA Vanat Butalbita Acetamir Caffeine. Per 15 m SIG: Qty: Refills:	all 1-2 tablespoons (15 ml-30 mouth every 4 hours. Max 6 tablespoons per 24 h 1 tablespoon = 15 ml 3 2 oz 48 oz 3 6 12	p) 50 mg 325 mg 40 mg nl) by ours.	Super-SB: G SB-1: 5-MTHF	der	
times daily. 1 pump = 1.5 gm Qty:	Refills: MIGRA Vanat Butalbita Acetamir Caffeine. Per 15 m SIG: OTHER	all 1-2 tablespoons (15 ml-30 mmouth every 4 hours. Max 6 tablespoons per 24 h 1 tablespoon = 15 ml 32 oz 48 oz 3 6 12	p) 50 mg 325 mg 40 mg nl) by ours.	Super-SB: G SB-1: 5-MTHF	ieneral We denoral We denora	
times daily. 1 pump = 1.5 gm Qty:	Refills: MIGRA Vanat Butalbita Acetamir Caffeine. Per 15 m SIG: Qty: Refills:	all 1-2 tablespoons (15 ml-30 mouth every 4 hours. Max 6 tablespoons per 24 h 1 tablespoon = 15 ml 3 6 12	p) 50 mg 325 mg 40 mg nl) by ours.	Super-SB: G SB-1: 5-MTHF	in the second se	

					Insur	ance Info
PATIENT	DOB		LAST 4 DIGITS OF SSN	Patient's Curr	ent Pharmacy	
Home Phone	Cell Phone			Pharmacy Ph	one Number	
Address	Celi Priorie			Carrier:		PCN#
	Chaha		7:	Bin#		
City	State		Zip			
Allergies				Group#		
Diag.				Member ID#		
PAIN-TRANSDERMAL	PAI	N O	RAL		SCAR	
Any added controlled substances must be handwritten.		Metax	alone		☐ Scar	
☐ Neuropathic & Chronic Pain			ne	. 800 mg		1%
NCP-3B:						e2%
Baclofen 2%	SI		ake 1 tablet by mouth 3-4 tir	nes daily.	,	e 0.5%
Cyclobenzaprine2%		Ta	ake with food.		☐ For painful	scars, add: 3%
Gabapentin6%						
□ Add:	Q	ty:	□ 120 □		☐ For elasticit	
SIG: Apply 1-2 pumps to affected area 2						cid 0.2%
times daily. 1 pump = 1.5 gm	R	efills:	1 3 6 11			0.05%
Area of Application					Vitamin C	5%
Qty: □ 100 gm						0.1%
Lidocaine USP Ointment5%	WC	INUC	D CARE			oly 2-3 pumps to affected area 3-4
SIG: Apply 2-4 FTU to affected area 4 times		_				es daily. 1 pump = 1 gm
daily. 1 Finger Tip Unit (FTU) = 0.5gm		Derm	acin Rx Surgical			lication
Area of Application			naPak		Qty: □ 300 g	m 🗆 Refills: 3 6 11
	C	hlorhexi	dine Gluconate			
Qty: □ 250 gm				237 ml		
Diclofenac Sodium Topical Gel 3%	M	lupirocir	ı 2%	22 gm	МЕТАВО	_
SIG: Apply 2-4 FTU to affected area 2 times	SI	kin Repa	ir Complex (Dimethicone) 5%	118 ml	SUPPLEM	MENTS
daily. 1 Finger Tip Unit (FTU) = 0.5gm	Si	licone ta	ape			
Area of Application	F	OLLOW	PACKAGE INSTRUCTIONS		☐ ☐ Super-SI	B: General Wellness
Qty: □ 100 gm Refills: 3 6 11	A	rea of A	pplication		SB-1:	
	s	IG: S	Step 1: Wash with Chlorhexid	dine liquid		500 mcg
			he night prior to, and the mo			Acid 250 mg
☐ Reme-D-HP (MEDICARE)		t	he procedure as directed.			10 100 mg amin 20 mg
Topiramate		S	itep 2: Apply Mupirocin oint	ment to		50 mg
Celecoxib		t	he wound site post-op three	times		100 mg
Lidocaine		d	laily for 3-5 days or as directe	ed.		100 mg
Duloxetine 1.2%		S	itep 3: Once wound has hea	led, apply		
SIG: Apply 1-2 pumps to affected area 3-4		S	kin Repair Complex up to 4	times daily	SIG: Take	e 2 capsules by mouth once daily.
times daily. 1 pump = 1.5 gm			or as directed. Apply Silicone			
Area of Application			night before bed and remove	in	Qty: 60 c	capsules
Qty: □ 300 gm □			norning.			
Refills: 3 6 11	Q	ty: 1	pack Refills: 3 6 11			6 11
					SB-2:	
						owder 100 mg Phosphate
						nospnate 25 mg
OTHER						2,300 10
					SIG: Take	e 2 capsules by mouth once daily.
					Qty: 60 d	capsules
					Refills: 3	6 11
						OP_Script_Pad_May_2016_v_14.6
Prescriber Name:			Prescriber I	NPI #:		
Lic.#: DEA#:			Phone #:		Fax#:	

GX1135.014

Address: _

Case 4:18-cr-00368 Document 533-215 Filed on 07/22/23 in TXSD Page 15 of 17

				In	surance Info
PATIENT	DOB	LAST 4 DIGITS OF SSN	Patient's Cu	rrent Pharmacy	
			Pharmacy P	hone Number	
Home Phone	Cell Phone		Carrier:		PCN#
Address			Bin#		
City	State	Zip			
Allergies			Group#		
Diag.			Member ID#	:	
PAIN-TRANSDERMAL	PAIN C	DPAI.		EMERG	ENCY OPIOID
Any added controlled substances must be handwritten.	TAIR	MAL		ANTAG	
☐ Neuropathic & Chronic Pain	☐ Meta	xalone		☐ Evzio	Auto Injector
NCP-3B:	Metaxal	one	800 mg		HCI Injection 0.4 mg
Baclofen2%				sic.	-ii-i
Cyclobenzaprine		Take 1 tablet by mouth 3-4 tir Take with food.	mes daily.		nject one injection to the outside of he thigh (through clothing if
□ Add:		Take Will Toods			ecessary). May use the second
SIG: Apply 1-2 pumps to affected area 2 times daily. 1 pump = 1.5 gm	Qty:	□ 120 □			njection in 2-3 minutes if desired esponse is not achieved.
Area of Application	Refills:	1 3 6 11		Qty: 1	pack Refills:
Lidocaine USP Ointment5%					
SIG: Apply 2-4 FTU to affected area 4 times daily. 1 Finger Tip Unit (FTU) = 0.5gr	SCAR			WOUN	D CARE
Area of Application	☐ Scar				acin Rx Surgical
Qty: □ 250 gm		one			naPak
Diclofenac Sodium Topical Gel 3%		irizine fylline			dine Gluconate 237 ml
SIG: Apply 2-4 FTU to affected area 2 times	1 611607111	nful scars, add:	0.5 /0		1 2% 22 gm
daily. 1 Finger Tip Unit (FTU) = 0.5gr		ne	3%		ir Complex (Dimethicone) 5% 118 ml
Area of Application		ntin	15%	Silicone ta	PACKAGE INSTRUCTIONS
Qty: □ 100 gm Refills: 3 6 11		sticity, add: nic Acid	0.2%		pplication
	Vitamin	D3	0.05%		itep 1: Wash with Chlorhexidine liquid
☐ Reme-D-HP (MEDICARE)		C			he night prior to, and the morning of
Topiramate		Apply 2-3 pumps to affected		t	he procedure as directed.
Celecoxib2%		times daily. 1 pump = 1 gm			step 2: Apply Mupirocin ointment to
Lidocaine	Aleaoi	Application			he wound site post-op three times laily for 3-5 days or as directed.
SIG: Apply 1-2 pumps to affected area 3-4	Qty: □ 3	800 gm □ Refills: 3 6	11	s	Step 3: Once wound has healed, apply
times daily. 1 pump = 1.5 gm				S	kin Repair Complex up to 4 times daily
Area of Application	l 📗				or as directed. Apply Silicone tape at night before bed and remove in
Qty: □ 300 gm □					norning.
Refills: 3 6 11				Qty: 1	pack Refills: 3 6 11
OTHER					
OTHER					
П					
_					
					OP_Script_Pad_May_2016_v_14.7
Prescriber Name:		Duna suit	NDI #-		
Lic. #: DEA#:		Phone #:		Fax	#:
Address:					
Signature (Note: Manual Signature Required fo	r CS):			Date:	

				Insurance Info
PATIENT	DOB	LAST 4 DIGITS OF SSN	Patient's Cu	arrent Pharmacy
			Pharmacy P	Phone Number
Home Phone	Cell Phone		Carrier:	PCN#
Address				
City	State	Zip	Bin#	
Allergies			Group#	
			Member ID#	‡
PAIN-TRANSDERMAL				EMERGENCY OPIOID
Any added controlled substances must be handwritten.				ANTAGONIST
☐ Neuropathic & Chronic Pain	☐ Reme	e-D-HP (MEDICARE)		☐ Evzio Auto Injector
NCP-3B:	· ·	ate		Naloxone HCl Injection 0.4 mg
Baclofen 2%)	ib		
Cyclobenzaprine2%	Dulawat	neine		SIG: Inject one injection to the outside of
Gabapentin6%)			the thigh (through clothing if necessary). May use the second
□ Add:	SIG:	Apply 1-2 pumps to affected times daily. 1 pump = 1.5 gm		injection in 2-3 minutes if desired
SIG: Apply 1-2 pumps to affected area 2				response is not achieved.
times daily. 1 pump = 1.5 gm		Application		Qty: 1 pack
Area of Application	Qty: 🗆 3	300 gm □ 150 gm		Refills: 1
Qty: □ 100 gm	Refills:	3 6 11		
Lidocaine USP Ointment5%				
		e-D-MR (MEDICARE)		CCAR
SIG: Apply 2-4 FTU to affected area 4 times daily. 1 Finger Tip Unit (FTU) = 0.5gr		1	20/	SCAR
		1 1e		☐ Scar
Area of Application		m		
Qty: □ 250 gm □ 200 gm □ 150 gm	SIG:	Apply 1-2 pumps to affected		Fluticasone1%
Diclofenac Sodium Topical Gel 3%		times daily. 1 pump = 1.5 gm		Levocetirizine2% Pentoxifylline
SIG: Apply 2-4 FTU to affected area 2 times		Application		□ For painful scars, add:
daily. 1 Finger Tip Unit (FTU) = 0.5gr	n			Prilocaine3%
Area of Application	Qty: 🗆 🗄	300 gm □ 150 gm		Gabapentin
				☐ For elasticity, add:
Qty: □ 100 gm	Refills:	3 6 11		Hyaluronic Acid 0.2%
Refills: 3 6 11				Vitamin D3
				Vitamin C 5%
TENSION HEADACHE		TOMIA/MUCOS	SITIS/	Estradiol 0.1%
☐ Vanatol LQ (migraine syrup)	HYPOS	ALIVATION		SIG: Apply 2-3 pumps to affected area 3-4
Butalbital 50mc	☐ Saliv	aMax		times daily. 1 pump = 1 gm
Acetaminophen325mc		aturated Calcium Phosphate R	linco	Area of Application
Caffeine40mg	Juper 3	•		Qty: □ 300 gm □ Refills: 3 6 11
Per 15mL	SIG:	Mix 1 packet with 1oz water. of solution in mouth for 1 mi		
SIG: Take1-2 tablespoons (15mL-30mL) by mouth every four hours. Max 6		spit out. Swish remaining hal		PAIN ORAL
tablespoons per 24 hours.		out. Use 3-4 times daily.	. and spit	PAIN ORAL
1 tabelspoon = 15mL	Qty:	□ 120 □		☐ Metaxalone
Qty: □ 32 fl oz □ 48 fl oz □				Metaxalone 800 mg
	Refills:	3 6 11		-
Refills: 3 6 11				SIG: Take 1 tablet by mouth 3-4 times daily. Take with food.
OTHER				Qty: □ 60 □ 90 □ 120
				Refills: 1 3 6 11
				Script_Pad_August_2016_v_14.
				Script_Pad_August_2016_V_14.
			181	
Prescriber Name:				
Supervising Physician Name:		Supervising Physician I	NPI#:	
Lic. #: DEA#:		Phone #:		Fax#:

Date:

Address: _

				Insurance Info
PATIENT	DOB	LAST 4 DIGITS OF SSN	Patient's Curre	nt Pharmacy
			Pharmacy Pho	ne Number
Home Phone	Cell Phone		Carrier:	PCN#
Address			Bin#	
City	State	Zip	DIII#	
Allergies			Group#	
			Member ID#	
PAIN-TRANSDERMAL				
Any added controlled substances must be handwritten.	NEURO	PATHIC PAIN		TENSION HEADACHE
☐ Neuropathic & Chronic Pain				
(By checking the above box, the patient will receive all three medications listed below)		epin Cream n HCL Cream	F0/	☐ Vanatol LQ (migraine syrup) Butalbital 50 mg
NCP-3B:	Бохерії	THEL Clean	370	Acetaminophen325 mg
Baclofen2%	SIG:	Apply 2-3 FTU to affected are	ea 4 times	Caffeine
Cyclobenzaprine2%		daily. 1 Finger Tip Unit (FTU) =		SIG: Take1-2 tablespoons (15 mL-30 mL) by
Gabapentin6%		Application		mouth every four hours. Max 6 tablespoons per 24 hours.
SIG: Apply 1-2 pumps to affected area 2 times	Qty:	□ 90 gm □ 135 gm □ 1	180 gm	tablespoons per 24 nours. 1 tablespoon = 15 mL
daily. 1 pump = 1.5 gm	Refills:	2 5 11		Qty: □ 32 fl oz □ 48 fl oz □
Area of Application	DAIN	DAL		Refills: 3 6 11
Qty: □ 100 gm	PAIN C	DRAL		ANCDAINE
Lidocaine USP Ointment5%	☐ Meta	xalone		MIGRAINE
SIG: Apply 2-4 FTU to affected area 4 times	Metaxa	lone	800 mg	☐ Nasal Spray
daily. 1 Finger Tip Unit (FTU) = 0.5 gm	SIG:	Take 1 tablet by mouth 3-4 til	mes daily.	Dihydroergotamine Mesylate 4 mg/ml
Area of Application	Other	Take with food. \Box 60 \Box 90 \Box 12	20	SIG: 1 spray in each nostril at onset of
Qty: □ 250 gm □ 200 gm □ 150 gm	Qty:	1 3 6 11	20	migraine. Wait 15 minutes and repeat.
Diclofenac Sodium Topical Gel 3%		1 3 0 11		Do not exceed 2 sprays per nostril in
SIG: Apply 2-4 FTU to affected area 2 times daily. 1 Finger Tip Unit (FTU) = 0.5 gm	GERD/	GASTRIC ULCEI	RS	24 hours. Qty: Package 8 x1 ml
Area of Application	☐ Zege	rid		Refills: 2 5 11
Qty: □ 100 gm	_	zole	40 ma	
Refills: 3 6 11		Bicarbonate	_	SCAR
	SIG:	Take 1 capsule by mouth eve	erv	☐ Scar
Baclofen2%		morning without food	,	Fluticasone1%
Lidocaine	Qty:	30		Levocetirizine2%
Piroxicam 0.6%	Refills:	1 2 5 11		Pentoxifylline 0.5%
SIG: Apply 1-2 pumps to affected area 3-4	XEROS	TOMIA/MUCOS	SITIS/	☐ For painful scars, add: Prilocaine
times daily. 1 pump = 1.5 gm		SALIVATION		Gabapentin 15%
Area of Application				☐ For elasticity, add:
Qty: □ 300 gm □ 150 gm	☐ Saliv		Din a a	Hyaluronic Acid
Refills: 3 6 11	Super S SIG:	Saturated Calcium Phosphate F Mix 1 packet with 1oz water.		Vitamin C
Reme-D-HP (MEDICARE)		of solution in mouth for 1 mi		Estradiol
Topiramate		spit out. Swish remaining ha	lf and spit	SIG: Apply 2-3 pumps to affected area 3-4 times daily. 1 pump = 1 gm
Lidocaine		out. Use 3-4 times daily. \Box 120 \Box		Area of Application
Duloxetine 1.2%	Qty:	3 6 11		Qty: □ 300 gm □ 150 gm □
SIG: Apply 1-2 pumps to affected area 3-4	Keniis:	J U II		Refills: 1 3 6 11
times daily. 1 pump = 1.5 gm Area of Application				
Qty: □ 300 gm □ 150 gm	OTHER			
Refills: 3 6 11				
Prescriber Name:		Prescriber NF	PI #:	
Supervising Physician Name:		_ Supervising Physician NI	PI#:	
Lic. #: DEA#:		Phone #:		Fax#:
Address:				
Signature (Note: Manual Signature Required for	CS):			Date: